

COMPLIANCE CHECKLIST**▷ Outpatient Rehabilitation Facilities**

A separate Checklist must be completed for each outpatient suite.

The following Checklist is for plan review of clinics and hospital outpatient facilities, and is derived from the AIA/HHS Guidelines for Design and Construction of Hospital and Health Care Facilities, 2001 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000 and Clinic Licensure Regulations 105 CMR 140.000. Applicants must verify project compliance with all the requirements of the Guidelines, Licensure Regulations & Policies when filling out this Checklist, and must include the DPH Affidavit when submitting project documents for self-certification or abbreviated review.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code and applicable related standards contained in the appendices of the Code.
- 708 CMR, the State Building Code.
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board.
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (___) of this Checklist must be filled in with one of the following codes, unless otherwise directed. If an entire Checklist section is affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (___) next to the section title. If more than one space serves a given required function (e.g. patient room or exam room), two codes separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

X = Requirement is met.

☒ = Check this box under selected checklist section titles or individual requirements for services that are not included in the project.

E = Functional space or area is existing and not affected by the construction project; this category does not apply if the existing space or area will serve a new or relocated service or if the facility is currently not licensed & applying for licensure.

W = Waiver requested for Guidelines, Regulation or Policy requirement that is not met (for each waiver request, complete separate waiver form & list the requirement ref. # on the affidavit).

3. Mechanical, plumbing and electrical requirements are only partially mentioned in this checklist.
4. Items in *italic*, if included, refer to selected recommendations of the Appendix of the Guidelines, adopted by policy.
5. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.

Facility Name:

.....

Dates:

Initial:

Facility Address:

.....

Revisions:

Satellite Name: (if applicable)

.....

DON Identification: (if applicable)

.....

Satellite Address: (if applicable)

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Project Reference:

.....

Building/Floor Location:

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.....

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ARCHITECTURAL REQUIREMENTS**OUTPATIENT SUPPORT AREAS**

Note: Compliance Checklist OP1 must be completed and attached to this Checklist.

7.13.C

PHYSICAL THERAPY

☐ check if service not included in project

7.13.C1

___ Individual treatment areas

☐ check if service not included in project

___ privacy curtains

___ min. 70 sf

9.2.B1

___ PT treatment rooms

☐ check if service not included in project

___ min. 80 sf

7.13.C3

___ Exercise area & facilities

7.13.C4

___ Clean linen & towel storage

7.13.C5

___ Storage for equipment & supplies

7.13.C6

___ Soiled holding room

7.13.C7

___ Patient dressing areas & lockers

___ handicapped accessible

___ Patient shower **or**
required by functional
program

___ patient shower rm

___ handicapped
accessible

___ Patient shower not
required by functional
program

___ Handwashing stations

___ Vent. min. 6 air ch./hr

___ Handwashing station

___ Vent. min. 6 air ch./hr

___ Vent. 6 air ch./hr

___ Vent. 2 air ch./hr

___ Handwashing station (policy)

___ within soiled holding room

or

___ immediately adjacent to
soiled holding room

___ Vent. min. 10 air ch./hr (exhaust)

___ Vent. 10 air ch./hr (exhaust)

7.13.D

OCCUPATIONAL THERAPY

☐ check if service not included in project

7.13.D1

___ Wheelchair accessible work areas and counters

7.13.D3

___ Storage for equipment and supplies

7.13.D4

___ Area for activities of daily living

___ space for bed table & chair

___ kitchen counter with appliances & sink

___ bathroom

___ Handwashing station

7.13.E

PROSTHETICS AND ORTHOTICS

☐ check if service not included in project

7.13.E1

___ Workspace for technicians

7.13.E2

___ Space for evaluating and fitting

___ Provisions for privacy

7.13.E3

___ Space for equipment, supplies & storage

7.13.F

SPEECH AND HEARING

☐ check if service not included in project

7.13.F1

___ Space for evaluation and treatment

___ Space for equipment & storage

___ Vent. min. 6 air ch./hr

GENERAL STANDARDSDetails and Finishes

- Outpatient corridors (9.2.H1.a)
 - ☐ min. corridor width 5'-0"
- ☐ Two remote exits from each outp. facility suite & floor Staff corridors
 - ☐ min. corridor width 44"
- ☐ Fixed & portable equipment recessed does not reduce required corridor width (9.2.H1.c)
- ☐ Work alcoves include standing space that does not interfere with corridor width
 - ☐ check if function not included in project
- Doors:
 - ☐ doors min. 3'-0" wide (9.2.H1.d)
 - ☐ all doors are swing-type (Policy)
 - ☐ doors do not swing into corridor (Policy)
- ☐ Glazing (9.2.H1.e):
 - ☐ safety glazing or no glazing under 60" AFF & within 12" of door jamb
 - ☐ safety glazing or no glazing in exercise rooms
- ☐ Thresholds & expansion joints flush with floor surface
- ☐ Handwashing stations located for proper use & operation (9.2.H1.g)
 - ☐ min. 15" from centerline to side wall (Policy)
- Vertical clearances (9.2.H1.j):
 - ☐ ceiling height min. 7'-10", except:
 - ☐ 7'-8" in corridors, toilet rooms, storage rooms
 - ☐ sufficient for ceiling mounted equipment
 - ☐ min. clearance 6'-8" under suspended pipes/tracks
- Floors (9.2.H2.c):
 - ☐ floors easily cleanable & wear-resistant
 - ☐ washable flooring in rooms equipped with handwashing stations (Policy)
 - ☐ non-slip floors in wet areas
 - ☐ wet cleaned flooring resists detergents
- Walls (9.2.H2.d):
 - ☐ wall finishes are washable
 - ☐ smooth/water-resist. finishes at plumbing fixtures

Mechanical (9.31.D)

- ☐ Mech. ventilation provided per Table 7.2
- ☐ Exhaust fans located at discharge end
- ☐ Fresh air intakes located at least 25 ft from exhaust outlet or other source of noxious fumes
- ☐ Contaminated exhaust outlets located above roof
- ☐ Ventilation openings at least 3" above floor
- ☐ Central HVAC system filters provided per Table 9.1

Plumbing (9.31.E)

- Handwashing station equipment
 - ☐ handwashing sink
 - ☐ hot & cold water
 - ☐ single lever or wrist blades faucet
 - ☐ soap dispenser
 - ☐ hand drying facilities
- Sink controls (9.31.E1):
 - ☐ hands-free controls at all handwashing sinks
 - ☐ blade handles max. 4½" long

Electrical (9.32)

- ☐ All occupied building areas shall have artificial lighting (9.32.D3)
- ☐ Emergency power complies with NFPA 99, NFPA 101 & NFPA 110 (9.32.H)